

**Current Health Fund Administrative Rules
Comparison with Project Team Proposed HEUHBTF Rules**

3/20/02

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	CHAPTER 33 ENROLLMENT SUBCHAPTER 1 ENROLLMENT PROCEDURES		4.00 ENROLLMENT PROCEDURES	
§6-33-1	<p><u>Application for enrollment.</u> (a) An employee-beneficiary shall file an enrollment application in writing to enroll, change, or cancel an enrollment in each health fund benefit plan with the employee-beneficiary's employing agency.</p> <p>(b) All enrollment applications shall be made on forms prescribed by the board. The following applicable information shall be entered by the employee-beneficiary:</p> <ol style="list-style-type: none"> (1) The employee-beneficiary's name, address, zip code, date of birth, sex, marital and Medicare status, social security number, business telephone number, and former name if it has been changed since the person's last application for health fund benefits; (2) The names, dates of birth, and social security numbers of all dependent-beneficiaries for whom coverage is requested; (3) The Medicare status and the social security number of the employee-beneficiary's spouse if such person is a state or county employee who will be covered under the employee-beneficiary's enrollment; (4) The employee-beneficiary's decision to enroll, change enrollment, continue present enrollment, cancel, or election not to enroll in each health fund benefit plan; (5) An authorization to the employee-beneficiary's respective state comptroller or county director of finance to assign sufficient compensation to the health fund in payment of monthly contributions for proper enrollment and coverage in each health fund benefit plan; and (6) The employee-beneficiary's: 	4.01	<p>Application for Enrollment</p> <ol style="list-style-type: none"> (a) An employee-beneficiary shall file an enrollment application to enroll, change or cancel an enrollment in any benefits plan offered or sponsored by the Fund. (b) The board shall from time to time set the standards and procedures for filing such enrollment applications, including, but not limited to, the form of such enrollment applications, the information required to be provided by the employee-beneficiary on such enrollment applications, and the method for filing such enrollment applications. Enrollment applications shall include the employee-beneficiary's authorization to the state comptroller or the appropriate county director of finance to assign sufficient compensation to the Fund in payment of all contributions due from such employee-beneficiary for enrollment or coverage in any and all Fund benefits plans. (c) A representative of an employee-beneficiary may file an enrollment application for the employee-beneficiary if: <ol style="list-style-type: none"> (1) The representative has a written authorization signed by the employee-beneficiary that authorizes the representative to file such enrollment applications; or (2) A valid court order authorizes the representative to file such enrollment applications. 	Proposed rule provides flexibility to change the enrollment form and process quickly in response to statutory or system requirements. Also incorporates PEHF rule, §6-33-14, Enrollment by a representative.

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	<p>(A) Signature and certification that the information submitted on such forms is true and correct to the best of the employee-beneficiary's knowledge and belief;</p> <p>(B) Understanding that the effective date of benefit plan coverage shall be set by the health fund in accordance with chapters 30 through 36; and</p> <p>(C) Authorization to release pertinent Medicare data upon request by the health fund.</p> <p>(c) An employee-beneficiary shall be required to file an enrollment application even if there are no changes in enrollment status or the beneficiary of health fund life insurance plan benefits when the employee-beneficiary transfers from one employing agency to another employing agency as an employee or retiree.</p> <p>(d) All employing agencies and employee-beneficiaries shall furnish and transmit information to the health fund on forms prescribed by the board or its administrator to carry out the purposes of chapter 87, Hawaii Revised Statutes. Employing agencies shall also assist the board in distributing information to each employee-beneficiary on approved health fund benefit plans, enrollment opportunities, status of employee monthly contributions, and other related health fund matters.</p> <p>[Eff 01/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28)</p>			
§6-33-2	<p>Rejection of enrollment application. (a) The health fund may reject any enrollment application which is insufficient or incomplete. The health fund shall reject an enrollment request if the employee-beneficiary:</p> <p>(1) Is not eligible to enroll in a health fund benefit plan; or</p> <p>(2) Has not filed his or her enrollment application within the prescribed time limits.</p> <p>(b) All rejected enrollment applications shall remain in the possession of the health fund and shall not be returned.</p>	4.02	<p>Rejection of an Enrollment Application</p> <p>(a) Any enrollment application may be rejected if it is incomplete or does not contain all information required to be provided by the employee-beneficiary.</p> <p>(b) An enrollment application shall be rejected if:</p> <p>(1) The application seeks to enroll a person who is not eligible to enroll in the benefits plan for which enrollment is requested;</p> <p>(2) The application is not filed within the time limitations prescribed by these rules;</p>	Proposed rule adds reasons (3) – (5) for rejection of an enrollment application.

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	The administrator shall send a written notification to such persons whose enrollment applications have been rejected. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28)		(3) The application contains an intentional misstatement or misrepresentation of a material fact or contains other information of a fraudulent nature; (4) The employee-beneficiary owes past due contributions or other amounts to the Fund; or (5) Acceptance of the application would violate applicable federal or state law or any other provision of these rules. (c) Notification shall be sent to the employee-beneficiary of the rejection of any enrollment application.	
§6-33-3	<p><u>Initial enrollment effective date of coverage.</u> (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary's coverage in a health fund benefit plan shall become effective on the dates of the following events provided an enrollment application is filed within thirty-one days before to thirty-one days after such event and payment of the applicable monthly employee contribution is made for the coverage. Coverage becomes effective when the employee-beneficiary:</p> <p>(1) Becomes an employee-beneficiary as defined in section 6-32-1; <i>[covered by Rule 5.02(a), (b) ,(h)]</i></p> <p>(2) Returns from an authorized leave of absence with or without pay and coverage during the leave of absence was provided through an educational grant or governmental program which did not require payment for such coverage; <i>[covered by Rule 6.05(b)]</i></p> <p>(3) Is reinstated as an employee after being: (A) Suspended from duty for a period of thirty-one days or more; or (B) Dismissed from duty, and where enrollment was terminated under section 6-33-21(3); <i>[covered by Rule 6.05(a)]</i></p>	5.02	<p><u>Enrollment; Effective Dates of Coverage</u> An employee-beneficiary's eligibility to enroll under this rule is subject to the provisions in Rules 6.03 and 6.04. The effective dates of coverage set forth in Rule 5.02 are subject to the employee-beneficiary filing a properly completed enrollment application as per Rule 4.06.</p> <p>(a) <u>New Employee.</u> An employee-beneficiary may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for eligible dependent-beneficiaries when the employee-beneficiary is first hired as an employee. The effective date of the coverage shall be as follows: (1) When the employee-beneficiary's date of hire is on or between the first and fifteenth of a month, the effective date of coverage shall be the first day of the month following the employee-beneficiary's date of hire; or (2) When the employee-beneficiary's date of hire is on or between the sixteenth and last day of a month, the effective date of coverage shall be the sixteenth day of the month following the employee-beneficiary's date of hire.</p> <p>(b) <u>Newly Eligible Employee.</u> An employee-beneficiary (other than a retired member) may enroll in the benefits plans offered or sponsored by the Fund and obtain</p>	<p>This proposed rule covers the events that permit an initial enrollment at which time an employee or other eligible employee-beneficiary may elect to enroll in any benefit plan offered or sponsored by the Fund.</p> <p>Incorporates PEHF rule, §6-33-3(1).</p> <p>A new employee is a newly appointed employee at 50% FTE or greater. Effective date coincides with employee's first full pay check; eliminates pre-paid cash payment currently required; no longer than one month waiting period for coverage.</p> <p>Incorporates PEHF rule §6-33-3(a)(1).</p> <p>Newly eligible employees refers to an existing</p>

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	<p>(4) Receives a retirement allowance from a state or county retirement system provided the employee-beneficiary was not eligible to receive such allowance on active employment termination date; <i>[covered by rule 5.02(g)]</i></p> <p>(5) Loses coverage as an employee-beneficiary or dependent-beneficiary in:</p> <p>(A) A health fund benefit plan and such coverage was lost because:</p> <p>(i) The covering enrollment was terminated;</p> <p>(ii) Attainment of age nineteen;</p> <p>(iii) The covering enrollment was changed from family to self only; or <i>[covered by Rule 5.03(c)]</i></p> <p>(B) A plan other than a health fund benefit plan due to:</p> <p>(i) The involuntary termination of the covering enrollment; e.g., eligibility or employment termination, death, or divorce; or</p> <p>(ii) A private employer or government program cancels a certain type of health insurance coverage or changes health plan carriers; or requires dependents to pay for their coverage at a higher cost. <i>[covered by Rule 5.03(d)]</i></p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the date of the event and the applicable monthly employee contribution is paid. [Eff 1/22/82; am 3/7/88; am and comp 7/5/96; am 4/18/97; am] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-28, 87-29, 87-30)</p>		<p>coverage for eligible dependent-beneficiaries when the employee-beneficiary first becomes an employee due to a change in employment status. The effective date of the coverage shall be as follows:</p> <p>(1) When the change in employment status occurs on or between the first and fifteenth of a month, the effective date of coverage shall be the first day of the month following the change in employment status; or</p> <p>(2) When the change in employment status occurs on or between the sixteenth and last day of a month, the effective date of coverage shall be the sixteenth day of the month following the change in employment status.</p> <p>(c) <u>Loss of Coverage in a Benefits Plan Offered by the Fund.</u> An employee-beneficiary may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for dependent-beneficiaries when the employee-beneficiary loses coverage under the benefits plans offered or sponsored by the Fund because the employee-beneficiary's covering enrollment was terminated or the employee-beneficiary ceased to be eligible as a dependent-beneficiary. The effective date of the coverage shall be the first day following the employee-beneficiary's loss of coverage.</p> <p>(d) <u>Loss of Coverage in a Non-Fund Health Benefits Plan.</u> An employee-beneficiary that is eligible, but not enrolled, may enroll in the health benefits plans offered or sponsored by the Fund, and obtain coverage for eligible dependent-beneficiaries, when the employee-beneficiary meets the conditions required for a special enrollment under 26 U.S.C. §9801(f) and the federal regulations enacted under or pursuant to that statute. The conditions are:</p> <p>(1) At the time that coverage under the Fund's health benefits plans were offered to the employee-</p>	<p>employee who previously was ineligible for benefits and becomes eligible due to a change in employment status.</p> <p>Same as PEHF rule §6-33-3(a)(5)(A).</p> <p>Incorporates PEHF rule, §6-33-3(a)(5)(B).</p> <p>Federally required special enrollment for an employee who was eligible for and previously declined coverage under the Fund's health benefit plan due to coverage in a Non-Fund health benefit plan, and then subsequently lost coverage in that Non-Fund health benefit plan .</p>

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			<p>beneficiary, the employee-beneficiary was covered by a Non-Fund health benefits plan or a COBRA continuation provision; and</p> <p>(2) The employee-beneficiary declined coverage under the Fund’s health benefits plans because of the employee-beneficiary’s coverage under the Non-Fund health benefits plan or a COBRA continuation provision; and</p> <p>(3) The employee-beneficiary’s coverage under the Non-Fund health benefits plan was terminated as a result of loss of eligibility for that coverage (including as a result of legal separation, divorce, death, termination of employment or reduction of hours of employment) or because employer contributions towards such coverage was terminated; or</p> <p>(4) The employee-beneficiary’s coverage under the COBRA continuation provision was exhausted.</p> <p>The effective date of the coverage shall be first day following the date the employee-beneficiary lost coverage under the Non-Fund health benefits plan or the date the employee-beneficiary’s COBRA continuation provision coverage was exhausted.</p> <p>(e) <u>Enrollment Due to Changes in Marital or Family Status.</u> An employee-beneficiary who has previously declined coverage in the benefits plans offered or sponsored by the Fund may enroll in the Fund benefits plans when the employee-beneficiary gains a dependent through a change in marital or family status, e.g., marriage, birth, adoption, or issuance of a qualified medical child support order. The effective date of the coverage shall be as follows:</p> <p>(1) When the event that permits enrollment occurs on or between the first and fifteenth of the month, the effective date of coverage shall be the first day of the month following the event; and</p> <p>(2) When the event that permits enrollment occurs on or between the sixteenth and last day of the month, the</p>	<p>New. Federally required special enrollment for an employee who previously declined coverage and had a qualifying event that allows enrollment.</p>

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			<p>effective date of coverage shall be the sixteenth day of the month following the event.</p> <p>(f) <u>Retirement from Active Service.</u> If an employee is not enrolled in any benefits plans offered or sponsored by the Fund immediately prior to retirement from active service, the employee may enroll in such plans and obtain coverage for eligible dependent-beneficiaries upon the employee's retirement. The effective date of the coverage shall be the day following the employee's date of retirement.</p> <p>(g) <u>Deferred Retirement.</u> A person may enroll in the benefits plans offered or sponsored by the Fund and obtain coverage for eligible dependent-beneficiaries when that person begins to receive a retirement allowance from a state or county retirement system, provided that the person was not eligible to receive such an allowance upon termination of active service with the State or county. The effective date of the coverage shall be the day following the person's date of retirement.</p> <p>(h) <u>Surviving Spouse or Child.</u> A surviving spouse or unmarried child may enroll in the benefits plans offered or sponsored by the Fund and a surviving spouse may obtain coverage for eligible dependent-beneficiaries upon becoming eligible to enroll in such plans as an employee-beneficiary. The effective date of the coverage shall be the date upon which the surviving spouse or unmarried child becomes eligible to enroll as an employee-beneficiary, e.g., the day after the death of a spouse or parent who was a retired employee or an employee killed in the performance of duty.</p>	<p>New. A retiring employee may elect to enroll in any benefits plan.</p> <p>Same as PEHF rule, §6-33-3(a)(4), where a retiring former employee may elect to enroll in any benefits plan.</p> <p>Incorporates PEHF rule §6-33-3(a)(1). Surviving spouse or child may elect to enroll in or change benefits plan; same as retiring employee.</p>
§6-33-4	Changes of present enrollment status; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an	5.03	Changes in Enrollment; Effective Dates of Coverage The effective dates of deletions in coverage and changes in coverage set forth in Rule 5.03 are subject to the employee-	Proposed rule lists the events for which changes in enrollment may be made; an employee may not generally change between plans as a result of the

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	<p>employee-beneficiary may file an enrollment application to change the employee-beneficiary's enrollment status from self only to family or the reverse in a health fund benefit plan within thirty-one days before to thirty-one days after the date of the following events provided payment of the applicable monthly contribution is made for the coverage:</p> <p>(1) Marital status changes (marriage, divorce, annulment, death of a spouse); <i>[covered by proposed Rule 5.03(a)&(b)]</i></p> <p>(2) Family size changes (birth or adoption of a child, addition of a foster child or addition of a child pursuant to a Qualified Medical Child Support Order; or <i>[covered by proposed Rule 5.03(a)&(b)]</i></p>		<p>beneficiary filing a properly completed enrollment application as per Rule 4.06.</p> <p>(a) <u>Additions of Dependents Due to Changes in Marital or Family Status</u>. An employee-beneficiary may change from self-only to family coverage or may add coverage for dependent-beneficiaries in the Fund benefits plans in which the employee-beneficiary is currently enrolled upon the occurrence of any of the following events: marriage, birth or adoption of a child, addition of a foster child, or the issuance of a qualified medical child support order. The effective date of the change in coverage shall be the date of the event. Notwithstanding the foregoing and Rule 4.06, the effective date of any coverage required under a qualified medical child support order shall be any date set forth in that order. If no date is set forth in the order, the effective date of coverage shall be the date that the order is issued.</p> <p>(b) <u>Deletions of Dependents Due to Changes in Marital or Family Status</u>. An employee-beneficiary may change from family to self-only coverage or may delete coverage for dependent-beneficiaries in the Fund benefits plans in which the employee-beneficiary is currently enrolled upon the occurrence of any of the following events: divorce or dissolution, annulment, death of a spouse or child, or the end of any required coverage under a qualified medical child support order. The effective date of the change in coverage shall be as follows:</p> <p>(1) If the employee-beneficiary gives the appropriate notice to the Fund within thirty-one days of the event, the effective date of the change in coverage shall be the date of the event.</p> <p>(2) Notwithstanding Rule 4.06, if the employee-beneficiary fails to give the appropriate notice to the Fund within thirty-one days of the event, the effective</p>	<p>occurrence of these events. The proposed effective dates of coverage are the event dates for immediate coverage or the day after the event for continuous coverage.</p>

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	<p>(3) Loss of the employee-beneficiary's spouse's self only plan coverage in a health fund or non-health fund benefit plan due to eligibility or employment termination. <i>[covered by proposed Rule 5.03(c)]</i></p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the date of the event and the applicable monthly employee contribution is paid. [Eff 1/22/82; am 3/7/88; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>		<p>date of the change in coverage shall be the first day of the pay period following receipt of such notice by the Fund.</p> <p>(c) <u>Loss of Spouse's Coverage</u>. An employee-beneficiary may change from self-only to family coverage and add a spouse as a dependent-beneficiary in the Fund benefits plans in which the employee-beneficiary is currently enrolled when the spouse has lost coverage in any benefits plan due to an employment termination or other loss of eligibility. The effective date of the change shall be the first day following the spouse's loss of coverage.</p> <p>(d) <u>Last Child Becomes Ineligible</u>. An employee-beneficiary may change from family to self-only coverage in the Fund benefits plans in which the employee-beneficiary is currently enrolled when the last of the employee-beneficiary's children becomes ineligible for coverage as a dependent-beneficiary under the benefit plans offered or sponsored by the Fund, e.g., when the child marries, becomes nineteen years of age and is not a full time student, is between nineteen and twenty-five years of age and ceases to be a full time student, or becomes twenty-five years of age. The effective date of the change in coverage shall be the first day following the child's loss of eligibility.</p> <p>(e) <u>Allowable Changes Upon Retirement From Active Service</u>. An employee who is actively employed with the State or a county immediately prior to the effective date of the employee's retirement may make the following changes upon retirement:</p> <p>(1) If the employee is covered as a dependent-beneficiary by a spouse under a family enrollment, the employee may enroll to receive continuous coverage as an employee-beneficiary under a self-only or family enrollment with the benefits plans offered or</p>	<p>The proposed rule covers PHEF rule §6-34-4.</p> <p>Same as PEHF rule, §6-33-7(a)(4)&(5); proposed rule allows a retiring employee to make any change to his or her current enrollment or to make a change between plans.</p>

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			<p>sponsored by the Fund; or</p> <p>(2) If the employee is covered as an employee-beneficiary under a self-only enrollment, the employee may enroll to receive continuous coverage under a family enrollment with the benefits plans offered or sponsored by the Fund and include eligible dependent-beneficiaries under such an enrollment; or</p> <p>(3) The employee may change between the benefits plans offered or sponsored by the Fund.</p> <p>The effective date of any of the foregoing changes in coverage shall be the date of the employee's retirement.</p> <p>(f) <u>Mandatory Change to Medicare Supplemental Plan for Retired Employees.</u> An employee-beneficiary shall file an enrollment application to change from a regular health benefits plan enrollment to a Medicare supplemental plan offered by the Fund when the employee-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan. Notwithstanding Rule 4.06, this change in coverage shall be effective on the later of the following two dates:</p> <p>(1) The date that the employee-beneficiary becomes eligible for Medicare; or</p> <p>(2) The first day of the month in which the Fund receives the employee-beneficiary's enrollment application.</p> <p>(g) <u>Changes Between Plans.</u> An employee-beneficiary may change between benefits plans offered or sponsored by the Fund when the employee-beneficiary moves to a residence outside of the geographic areas covered by the employee-beneficiary's present benefits plan. The effective date of the change in plans shall be the employee-beneficiary's date of change in residence.</p>	<p>Same as PEHF rule, §6-33-5.</p> <p>Covers PEHF rule, §6-33-6 (a)(1).</p>
§6-33-5	Enrollment change to medicare supplemental plans; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract		Covered in Rule 5.03 (f).	

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	<p>governing each plan, an employee-beneficiary shall file an enrollment application to change from a regular plan enrollment to a medicare supplemental plan enrollment with the same carrier and in the same type of enrollment when the employee-beneficiary or a dependent-beneficiary becomes enrolled under the federal medicare plan provided payment of the applicable monthly contribution is made for the coverage.</p> <p>(b) Coverage shall become effective on the first day of the month in which the employee-beneficiary files an enrollment application for the coverage.</p> <p>[Eff. 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-27)</p>			
§6-33-6	<p><u>Enrollment changes between plans; effective date of coverage.</u> (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary may file an enrollment application to change enrollment from one health fund plan or employee organization plan to another health fund plan or employee organization plan if the plan is available within thirty-one days before to thirty-one days after the date of the following events provided payment of the applicable monthly employee contribution is made for such coverage:</p> <p>(1) Change of residence outside of the geographic area covered by his or her present health benefit plan;</p> <p>(2) Loss of coverage as a dependent-beneficiary in a health fund plan because:</p> <p>(A) The covering enrollment was terminated; or</p> <p>(B) The covering enrollment was changed from family to self only;</p> <p>(3) Upon retirement, change from the health fund health benefit or group life insurance plan to an employee organization health benefit or group life</p>		<p>Covered by Rule 5.03(g).</p> <p>Covered by Rule 5.02(c).</p> <p>Not applicable</p>	<p>There are no proposed rules as the events in this PEHF rule are covered in the proposed Rule 5.02 covering enrollment or proposed Rule 5.03 covering changes in enrollment.</p>

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	<p>insurance plan or change from an employee organization health benefit or group life insurance plan to the health fund health benefit or group life insurance plan;</p> <p>(4) Change from an employee organization health benefits or life insurance plan to a health fund or another employee organization health benefits or life insurance plan if the employee-beneficiary's enrollment in the employee organization plan is involuntarily terminated. For the purposes of this subsection, "involuntary termination" shall include a change in employment representation under chapters 89 and 89C, HRS, or when the employee-beneficiary is issued a paid-up life insurance policy but shall not include termination due solely to non-payment of premiums or membership dues. An employee who voluntarily cancels or terminates any employee organization plan in which he or she is participating may not enroll until the health fund's next open enrollment period; or</p> <p>(5) Change from a non-contributory employee organization health benefit plan to a health fund plan when the employee-beneficiary loses coverage in a non-health fund plan because of his or her spouse's eligibility or employment termination, death, or divorce.</p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the date of the event and the applicable monthly employee contribution is paid. [Eff. 1/22/82; am 3/7/88; am 9/17/93; am and comp 7/5/96; am 4/18/97] (Auth: HRS §87-30) (Imp: HRS §87-26)</p>		<p>Not applicable.</p> <p>Not applicable.</p>	

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§6-33-7	<p>Other enrollment changes; effective date of coverage. (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an eligible employee-beneficiary may file an enrollment application to make the following enrollment changes in a health fund benefit plan within thirty-one days before to thirty-one days after the date of the following events provided payment of the applicable monthly employee contribution is made for such coverage:</p> <p>(1) Name change of enrolled employee-beneficiary or a dependent-beneficiary without a change in health fund benefit plan coverage;</p> <p>(2) Change from family to self only enrollment without a change in marital or family status;</p> <p>(3) Addition of a dependent-beneficiary to a family enrollment for any reason, including pursuant to a Qualified Medical Child Support Order;</p> <p>(4) If actively employed on the day before the effective date of the employee-beneficiary's retirement and: (A) Covered as a dependent-beneficiary by a spouse under a family enrollment, the employee-beneficiary may enroll to receive continuous coverage as an employee-beneficiary under a family enrollment; or (B) Covered as an employee-beneficiary under a self only enrollment, the employee-beneficiary may enroll to receive continuous coverage under a family enrollment and include eligible dependent-beneficiaries;</p> <p>(5) Upon the retirement of both spouses who are eligible employee-beneficiaries, they may change their family enrollment to separate self only enrollments in a health fund benefit plan; or</p>		<p>Covered by Rule 4.07.</p> <p>Covered by Rule 5.03(a).</p> <p>Covered by Rules 5.02(f) and 5.03(e).</p> <p>Covered by Rules 5.02(f) and 5.03(e).</p>	<p>Proposed Rule 5.03 requires an occurrence of a qualifying event to make such change.</p>

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	<p>(6) Deletion of an enrolled dependent-beneficiary due to death, divorce, marriage annulment or entering into active military service without a change in health fund benefit plan coverage.</p> <p>(b) An employee-beneficiary shall be permitted to select the event date as the effective coverage date or a date other than the event date provided it is within thirty-one days from the event date of the event and the applicable monthly employee contribution is paid. [Eff. 1/22/82; am 8/29/83; am 3/7/88; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>		Covered by Rule 5.03(b).	
§6-33-7.5	<p><u>Addition of a dependent-beneficiary to an existing family enrollment.</u> (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an eligible employee-beneficiary may file an enrollment application to add a dependent-beneficiary in an existing family enrollment within thirty-one days before to thirty-one days after the date the dependent-beneficiary becomes a family member.</p> <p>(b) Coverage shall become effective on the date the dependent-beneficiary becomes a family member, provided the employee-beneficiary files an enrollment application for the change as specified in subsection (a). [Eff. 8/29/83; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>		Same as Rule 5.03(a).	
§6-33-8	<p><u>Open and special enrollment periods; effective date of coverage.</u> (a) Except as otherwise provided in chapters 30 through 36 and the contract governing each plan, an employee-beneficiary may file an enrollment application to make any one or a combination of specific enrollment changes as approved by the board during an open or special enrollment period.</p> <p>(b) The board may approve the following types of enrollment changes:</p>	5.01	<p>Open and Special Enrollment Periods Except as otherwise provided by these rules, an employee-beneficiary may file an enrollment application during an open or special enrollment period to make any one or a combination of specific enrollment changes that have been approved by the board for that open or special enrollment period. The changes that the board may approve include, but are not limited to, changes from non-enrolled to enrolled status, changes between plans, and changes in levels of coverage. All changes made</p>	Same.

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	(1) From a not enrolled status to an enrolled status; (2) Changes of present enrollment status; (3) Enrollment changes between health fund plans and employee organization plans; or (4) Other enrollment changes. (c) Coverage shall become effective on the date approved by the board for open and special enrollment period changes. [Eff 1/22/82; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)		shall become effective on the date approved by the board for the open or special enrollment period.	
§6-33-9	Dual enrollment. No person may be simultaneously enrolled in a health fund benefit plan as employee-beneficiary and as a dependent-beneficiary, nor may his unmarried children be enrolled by more than one employee-beneficiary. The health fund shall cancel any dual coverage enrollment. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26, 87-29, 87-30)	4.03	Dual or Multiple Enrollments (a) No person may be enrolled simultaneously in any benefits plan offered or sponsored by the Fund as both an employee-beneficiary and a dependent-beneficiary, nor may unmarried children be enrolled by more than one employee-beneficiary. The Fund shall cancel any and all such dual coverage enrollments. (b) Where an employee-beneficiary files more than one enrollment application, the enrollment application bearing the latest filing date shall be the one used by the Fund to process the employee-beneficiary's enrollment, provided the employee-beneficiary is eligible for such enrollment.	Combined PEHF rules §§6-33-9 and 6-33-10.
§6-33-10	Multiple enrollments. Where an employee-beneficiary files more than one enrollment application, the enrollment application bearing the latest filing date shall be approved, provided the employee-beneficiary is eligible for such enrollment. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)		Included in Rule 4.03(b).	
§6-33-11	Enrollment of ineligible persons. The enrollment of an ineligible person who was permitted to enroll in error shall be canceled by the administrator or the employee-beneficiary's employing agency as follows:	4.04	Cancellation of Erroneous Enrollments The enrollment of any ineligible person who was permitted to enroll in error shall be canceled. (a) When the person is notified of the error prior to the	Same. The proposed rule also provides the Fund the authority to seek recovery for benefits paid in error to an ineligible person and to refund premiums paid by an employee-beneficiary with respect to an erroneous

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>(1) Where the person is notified of the error prior to the effective date of enrollment requested, the person shall be treated as if the enrollment application was not submitted; or</p> <p>(2) Where the person is notified of the error after the effective date of enrollment requested, his or her enrollment shall be canceled at the end of the month in which the employee-beneficiary or dependent-beneficiary received notification, subject to chapters 30 through 36 and the contract governing each health fund benefit plan.</p> <p>[Eff. 1/22/82; am 5/12/90; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26, 87-29, 87-30)</p>		<p>effective date of the enrollment, the person shall be treated as if the enrollment application was not submitted.</p> <p>(b) When the person is notified of the error after the effective date of the enrollment, the enrollment shall be canceled retroactive to the date of enrollment. The board may from time to time set standards and procedures for the Fund's recovery of benefits paid in error and for the refund of any premiums paid by the employee-beneficiary with respect to an ineligible person; provided, however, that any refund of premiums may be conditioned upon the Fund's recovery of benefits paid in error.</p>	enrollment.
§6-33-12	<p><u>Failure to file within the prescribed time</u>. An employee-beneficiary who fails to file an enrollment application within the prescribed times shall not be permitted to file until the next open enrollment period.</p> <p>[Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>	4.06	<p>Failure to File Properly Completed Enrollment Application Within the Prescribed Time; Effect on Coverage Dates</p> <p>Except as otherwise provided in these rules or by applicable federal or state law, the following shall apply to all applications to enroll in the benefit plans offered or sponsored by the Fund, to add or delete dependent-beneficiaries, or to change enrollments or coverages under Rules 5.02 and 5.03:</p> <p>(a) No enrollment of an employee-beneficiary, addition or deletion of a dependent-beneficiary, or change in an enrollment or coverage shall be effective without the filing of a properly completed enrollment application.</p> <p>(b) The effective dates of coverage, deletions of coverage, and changes in coverage set forth in Rules 5.02 and 5.03 shall be dependent on the filing of a properly completed enrollment application within thirty-one days of the specified event that allows the filing of the application.</p> <p>(c) An employee-beneficiary who fails to file an enrollment application within the time prescribed by subsection (b) or any otherwise applicable rule shall not be permitted to file that application until the next open or special enrollment period.</p>	Same and proposed rule further clarifies that an enrollment form is necessary to make any enrollment changes.

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§6-33-13	<u>Date of filing.</u> An employee-beneficiary's enrollment application or beneficiary designation form shall be deemed to have been filed on the date the employee-beneficiary's employing agency actually receives the required forms. However, if such forms are filed before the prescribed time as stated in these rules, the employee-beneficiary's enrollment forms or beneficiary designation form shall be deemed to have been filed on the date that person would have been first eligible to file. Upon receipt by the health fund, an employee-beneficiary may not amend the enrollment application request to enroll or to change his or her enrollment in a health fund benefit plan. [Eff 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)	4.05	<u>Date of Filing</u> An employee-beneficiary's enrollment application, beneficiary designation, or any other form required to be filed with the Fund shall be deemed to have been filed with the Fund on the date the employee-beneficiary's employing agency or the Fund actually receives the application, beneficiary designation or other form. However, if filed before the time or times prescribed in these rules, an enrollment application, beneficiary designation or other form shall be deemed to have been filed on the date that the person would have been first eligible to file that document.	Same
§6-33-14	<u>Enrollment by a representative.</u> A representative of an employee-beneficiary, having a written authorization to do so, may file enrollment forms for the employee-beneficiary. [Eff. 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)		Included in Rule 4.01(c)	
§6-33-15	<u>Notification and filing of names, addresses and other data changes.</u> Each employee-beneficiary shall immediately notify the health fund through the employee-beneficiary's employing agency, in writing of any changes of name, address, or other pertinent information. [Eff. 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)	4.07	<u>Notification of Changes in Personal Information</u> Each employee-beneficiary shall immediately notify the Fund directly or through the employee-beneficiary's employing agency of any changes in the employee-beneficiary's name or address, any changes in the employee-beneficiary's marital status, any birth or adoption of a child or other changes in the family status of the employee-beneficiary, and any other material changes in the information previously filed by the employee-beneficiary as part of an enrollment application. Each notice shall be in writing and shall be sent or delivered to the Fund directly or through the employee-beneficiary's employing agency.	Same with proposed rule providing clarification on the types of changes in personal information that are expected to be reported.

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§6-33-16	<p>Filing exceptions for retired members and certain employee-beneficiaries. (a) Except for section 6-33-8, the filing time limits specified in chapters 30 through 36 shall not apply to the following persons:</p> <ol style="list-style-type: none">(1) Retired members who are currently enrolled in a health fund benefits plan;(2) The surviving spouse or any unmarried child under the age of nineteen of a deceased retired member; or(3) The surviving spouse or any unmarried child under the age of nineteen of an employee who is killed in the performance of duty. <p>(b) Coverage for persons specified in subsection (a) shall become effective as follows:</p> <ol style="list-style-type: none">(1) On the date of the event if the employee-beneficiaries file their enrollment application no later than thirty-one days after the event which makes them eligible; or(2) On the first day of the month following the date the employee-beneficiaries file their enrollment applications. <p>[Eff 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)</p>	4.08	<p>Filing Exceptions</p> <p>(a) Rule 4.06 and the filing times prescribed in these rules shall not apply to the following persons:</p> <ol style="list-style-type: none">(1) Retired members who are currently enrolled in a benefits plan offered or sponsored by the Fund;(2) The beneficiaries of a deceased retired member; and(3) The beneficiaries of any employee who is killed in the performance of duty. <p>(b) Coverage for the persons covered by subsection (a) shall become effective on the later of:</p> <ol style="list-style-type: none">(1) The date of the event that makes the person eligible for enrollment, when a properly completed enrollment application is filed within thirty-one days of the event; or(2) The first day of the month following the date the person files a properly completed enrollment application. <p>(c) Nothing in Rule 4.08 shall permit an employee-beneficiary or dependent-beneficiary who is eligible to enroll in the Medicare Part B medical insurance plan to be covered under any benefits plan offered or sponsored by the Fund until enrolled in the Medicare Part B medical insurance plan. Further, nothing in this rule is meant to permit the enrollment of any person who is not otherwise eligible for enrollment in the benefits plan offered or sponsored by the Fund.</p>	Same with the clarification that enrollment in Medicare Part B is excluded from the filing exceptions provided by this rule.
	SUBCHAPTER 2 CONTINUATION OF ENROLLMENT			
§6-33-17	<p>Continuation of enrollment. (a) Except as otherwise provided in sections 6-33-18 through 6-33-22, an</p>	6.01	<p>Continuation of Enrollment</p> <p>Subject to applicable federal and state law, coverage under the</p>	

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>employee-beneficiary's enrollment in a health fund benefit plan shall continue:</p> <p>(1) As long as the employee-beneficiary remains eligible to receive benefits;</p> <p>(2) While the employee-beneficiary is on an authorized leave of absence, with or without pay, provided the employee-beneficiary pays the entire monthly contribution on or before the first day of each month to the health fund, or if a county employee, to the respective county director of finance if the required monthly contribution is not withheld from the employee's paycheck while the employee is on leave;</p> <p>(3) While the employee-beneficiary participates in an employee strike authorized by chapter 89, Hawaii Revised Statutes, the collective bargaining in public employment law, provided the employee-beneficiary pays the entire monthly contribution on or before the first day of each month to the health fund, or if a county employee, to the respective county director of finance if the required monthly contribution is not withheld from the employee's paycheck while the employee is on strike;</p> <p>(4) If the employee-beneficiary is a full-time employee of the Hawaii national guard who is placed on active military duty to obtain training; or</p> <p>(5) During a period of suspension from duty, if such period is less than thirty-one days.</p>		<p>benefits plans offered or sponsored by the Fund shall continue:</p> <p>(a) While an employee-beneficiary is on any leave of absence, provided the employee-beneficiary pays the full cost of the coverage less any contribution paid by the employer on behalf of the employee-beneficiary as provided by statute, the employer's administrative rules, or an applicable bargaining unit agreement;</p> <p>(c) If an employee-beneficiary is a full-time employee of the Hawaii National Guard who is placed on active military duty; and</p> <p>(b) While an employee-beneficiary is on suspension from work for less than thirty-one days, provided that the employee-beneficiary pays the full cost of the coverage less any contribution paid by the employer on behalf of the employee-beneficiary as provided by statute, the employer's administrative rules, or an applicable</p>	<p>Unnecessary; PEHF §6-33-17(a)(1) is covered by eligibility criteria.</p> <p>Proposed rule clarifies that coverage will continue provided the total premium is paid and the responsibility for payment lies with the employee minus any contributions made by the employer.</p> <p>Same.</p> <p>Same with the clarification that payment of premium must be continued.</p>

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>(b) An employee who terminates employment and is rehired by an employing agency within the same pay period or the next consecutive pay period shall be considered as a transfer of employment under these rules. Such persons, as transfers, shall be required to maintain their former coverage in a health fund benefit plan as if continuously enrolled and shall pay their applicable monthly contributions for such coverage. Changes of enrollment will not be allowed unless the benefit plan is unavailable at the new employment location.</p> <p>[Eff. 1/22/82; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)</p>		<p>bargaining unit agreement;</p> <p>(d) When an employee terminates employment and is rehired by an employing agency within the same pay period or the next consecutive pay period. The employee shall be considered as having transferred employment, shall be treated as if continuously enrolled in the Fund benefits plan in which the employee was enrolled at the time of termination, shall be required to pay the full cost of coverage to the extent that such is not paid by the employee's employer, and shall not be allowed to change between plans unless the employee's current Fund benefits plan is unavailable at the employee's new employment location.</p>	Same.
	SUBCHAPTER 3 PREMIUM SHORTAGE AND REINSTATEMENT			
§6-33-18	<p>Notice of premium shortage. (a) The administrator shall send a notice of premium shortage to an employee-beneficiary if any of the employee-beneficiary's required monthly contributions are not paid or withheld from his earnings and transmitted in full to the health fund or, if a county employee, to the respective county director of finance on a timely basis or as required by chapter 87, Hawaii Revised Statutes, and chapters 30 through 36, in addition to notifying the employee-beneficiary that the employee-beneficiary and all dependent-beneficiaries shall be ineligible to receive health fund benefits beginning 30 days after the last day of the month in which the premium shortage occurred unless the employee-beneficiary takes timely action to reinstate the delinquent enrollment.</p> <p>(b) The administrator shall notify the employee-beneficiary of the contribution or premium shortage. The administrator shall instruct the employee-beneficiary on how to reinstate the ineligible enrollment.</p>	6.02	<p>Contribution Shortages</p> <p>(a) A notice of contribution shortage shall be sent to an employee-beneficiary if any portion of the employee-beneficiary's required monthly contributions is not paid or is not withheld from the employee-beneficiary's earnings and transmitted to the Fund. The notice shall be sent within fifteen days of the date on which the required monthly contribution payment was due. The notice shall require the employee-beneficiary to make full payment of the contribution shortage within sixty days of the date on which the required monthly contribution payment was due.</p> <p>(b) Regardless of whether or not the notice of contribution shortage is received by the employee-beneficiary, if the employee-beneficiary fails to make full payment of the contribution shortage within sixty days of the date on</p>	<p>Proposed rule extends period to pay contribution shortage to 60 days after which coverage is cancelled.</p> <p>The proposed rule does not allow for reinstatement upon full payment because it was found through interviews with various departments and Health Fund staff that there are many instances where a delinquent</p>

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>(c) The employee-beneficiary’s enrollment in all health fund benefit plans shall be reinstated upon full payment of the deficient contribution amount and other required monthly contributions to the health fund or, if a county employee, to the respective county director of finance within thirty days after the date on which such contribution payment was due, whether or not notice of such deficiency was received.</p> <p>(d) The administrator may delegate the authority to cancel and reinstate the enrollment of employee-beneficiaries to each county director of finance in order to implement the administration of the fund. [Eff. 1/22/82; am 5/12/90; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)</p>		<p>which such contribution payment was due, the employee-beneficiary’s enrollment in the benefit plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under such enrollment shall be canceled as set forth in Rule 6.03(c).</p> <p>(c) The Board may delegate authority to cancel enrollment of employee-beneficiaries and dependent-beneficiaries to each county director of finance.</p>	<p>employee will pay the premium shortages only when the employee needs medical treatment.</p> <p>Same.</p>
§6-33-18.5	<u>Reinstatement upon return from federal Family Medical Leave Act (FMLA) of 1993.</u>	6.05	Reinstatement of Enrollment; Effective Dates of Reinstatement <p>(a) <u>Reinstatement in Employment.</u> If as a result of an order or award from a court, arbitrator or other entity with proper jurisdiction over the matter, an employee-beneficiary is found to have been wrongfully terminated or suspended and is ordered to be reinstated in state or county employment, the employee-beneficiary shall be reinstated in the same Fund benefit plans from which the employee-beneficiary’s coverage was terminated. The effective date of the reinstatement shall be the date of termination so that the employee-beneficiary’s coverage is continuous, provided that the employee-beneficiary pays the full cost of such coverage less any contribution paid by the employer on behalf of the employee-beneficiary as provided by statute, the employer’s administrative rules, or an applicable bargaining unit agreement. If the full cost of such coverage is not paid, the effective date of the reinstatement shall be the employee-beneficiary’s return to active payroll as</p>	<p>The proposed rule consolidates the current PEHF reinstatement rules into one rule.</p> <p>This proposed rule addresses the PEHF rule, §6-33-3(a)(3), and clarifies the conditions upon which reinstatement is made.</p>

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>(a) In the event that an employee-beneficiary's enrollment is:</p> <p>(1) Voluntarily canceled by the employee or</p> <p>(2) Canceled by the administrator because the employee-beneficiary failed to fully and timely make any required contributions in accordance with these rules, either type of cancellation occurring while the employee-beneficiary is on an authorized leave without pay including a leave pursuant to the Family Medical Leave Act (FMLA) of 1993, upon the employee-beneficiary's return to employment, enrollment shall be reinstated on the same terms and conditions as such employee-beneficiary was enrolled as of the date that such leave commenced.</p> <p>(b) The employee-beneficiary's enrollment shall become effective on the return to employment date, provided that the applicable monthly premiums are paid and an enrollment</p>		<p>follows:</p> <p>(1) When the employee-beneficiary returns to the active payroll on or between the first and fifteenth of a month, the effective date of reinstatement shall be the first day of the month following the employee-beneficiary's return to active payroll; or</p> <p>(2) When the employee-beneficiary returns to the active payroll on or between the sixteenth and last day of a month, the effective date of reinstatement shall be the sixteenth day of the month following the employee-beneficiary's return to active payroll.</p> <p>(b) <u>Return From an Authorized Leave of Absence; Coverage Provided During Leave by a Non-Fund Benefits Plan.</u> If an employee-beneficiary returns from an authorized leave of absence during which coverage was provided by a Non-Fund benefits plan, the employee-beneficiary may be reinstated in the same Fund benefits plans from which coverage was canceled. The reinstatement shall be effective as of the first day of the pay period following the employee-beneficiary's return from the leave of absence.</p> <p>(c) <u>Return From a Leave of Absence Covered by the Family Medical Leave Act (FMLA) Or Uniform Services Employment and Reemployment Rights Act (USERRA).</u> If an employee-beneficiary returns from a leave of absence covered under the FMLA or USERRA and the employee-beneficiary's enrollment in the Fund benefits plans was canceled during that leave of absence, the employee-beneficiary shall be reinstated in the same Fund benefits plans from which coverage was canceled. The reinstatement shall be effective upon the employee-beneficiary's return to work.</p>	<p>Same as the PEHF rule, §6-33-3(a)(2).</p> <p>Proposed rule incorporates both the FMLA and USERRA requirements for reinstatement of coverage.</p>

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	application is filed within 31 days of the return to work date. [Eff and comp 7/5/96; am 4/18/97] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-29, 87-30)		(d) <u>Enrollment in Medicare by a Retired Employee.</u> If the enrollment of an employee-beneficiary or the coverage of a dependent-beneficiary was terminated due to the employee-beneficiary's or dependent-beneficiary's failure to enroll in the federal Medicare Part B medical insurance plan, upon the employee-beneficiary's or dependent-beneficiary's enrollment in such plan and submission of a proper and complete enrollment application to the Fund, the employee-beneficiary or dependent-beneficiary shall be enrolled in or covered by the Medicare supplemental plan offered by the Fund. The coverage shall be effective on the date specified in Rule 5.03(f).	New. The proposed rule provides for reinstatement upon enrollment into Medicare Part B; this is the PEHF's current practice.
SUBCHAPTER 4 CANCELLATION AND TERMINATION OF ENROLLMENT		6.00 CONTINUATION, CANCELLATION, TERMINATION AND REINSTATEMENT OF ENROLLMENT		
§6-33-19	<u>Cancellation of enrollment.</u> (a) An employee-beneficiary may voluntarily cancel the enrollment in a health fund benefit plan at any time by filing an enrollment application requesting a plan cancellation. Except upon reinstatement as otherwise provided in these rules, the employee-beneficiary shall not be permitted to re-enroll in the same health fund benefit plan until the next open enrollment period.	6.03	<u>Cancellation of Enrollment; Effective Dates of Cancellation</u> (a) <u>Voluntary Cancellation Requested by the Employee-Beneficiary.</u> An employee-beneficiary may voluntarily cancel enrollment in a Fund benefits plan at any time by filing an enrollment application requesting cancellation with the employee-beneficiary's employing agency or the Fund. The cancellation shall be effective on the following dates: (1) If a particular date of cancellation is requested by the employee-beneficiary, the last day of the pay period during which the requested date of cancellation occurs; or (2) If no date of cancellation is requested by the employee-beneficiary, the last day of the pay period during which the Fund receives the employee-beneficiary's request for cancellation. After the effective date of cancellation, the employee-	Proposed rule permits cancellation as of the end of the pay period in which the request was received rather than the end of the month.

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	<p>(b) Subject to reinstatement as provided in these rules, the administrator shall change or cancel an employee-beneficiary's enrollment in a health fund benefit plan:</p> <p>(1) If that person is ineligible to receive such benefits under the health fund law or under these rules;</p> <p>(2) If the employee-beneficiary fails to sign and file the necessary enrollment forms or documents that are required by the board, administrator, or health fund insurance carriers;</p> <p>(3) If the employee-beneficiary has not paid his or her deficient required monthly contribution amount of any health benefits plan on or before the first day of the next month after receiving the administrator's notification letter of contribution shortage; or</p>		<p>beneficiary may not re-enroll in any benefits plans offered or sponsored by the Fund until the next open enrollment period.</p> <p>(b) <u>Cancellation Due to Ineligibility.</u> If a person is ineligible to enroll in or be covered under a benefits plan offered or sponsored by the Fund, that person's enrollment shall be canceled. The effective date of any such cancellation shall be as stated in Rule 4.04(b).</p> <p>Incorporated into Rules 4.02 and 4.04.</p> <p>(c) <u>Cancellation Due to Failure to Pay Contributions.</u> If an employee-beneficiary fails to make full payment of any required contribution required under any benefits plan offered or sponsored by the Fund, the employee-beneficiary's enrollment and all coverages for dependent-beneficiaries under that enrollment shall be canceled. The effective date of the cancellation shall be the last day of the last pay period for which full and complete payment of the required contributions was received by the Fund.</p> <p>(d) <u>Cancellation Due to Failure to Enroll in Medicare.</u> If an employee-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan and fails to do so, the employee-beneficiary's enrollment in all of the benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be cancelled. If a dependent-beneficiary becomes eligible to enroll in the federal Medicare Part B medical insurance plan and fails to do so, the dependent-beneficiary's coverage in all of the benefits plans offered or sponsored by the Fund shall be cancelled. The</p>	<p>Same.</p> <p>PEHF rule §6-33-6-33-18(a) requires cancellation at the end of the month in which the shortage occurred. The proposed rule provides that cancellation of coverage is effective on the last day of the pay period for which full payment was received. The proposed rule provides needed administrative flexibility so that subsequent payments may be applied to the shortage period and cancellation may be later than the month in which the shortage occurred.</p> <p>New. The proposed rule reflects current practice.</p>

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	<p>(4) If the employee-beneficiary has not complied with the requirements of chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 within thirty-one days from date of notification by the administrator or the employee-beneficiary's employing agency. [Eff. 1/22/82; am 5/12/90; am 9/17/93; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §87-26)</p>		<p>effective date of any cancellation under this rule shall be the date upon which the employee-beneficiary or dependent-beneficiary, as applicable, first became eligible to enroll in the federal Medicare Part B medical insurance plan.</p> <p>(e) <u>Failure to Comply with Rules.</u> If an employee-beneficiary materially fails to comply with any of the Fund's rules, the employee-beneficiary's enrollment in all of the benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment may be canceled after notice of such has been provided to the employee-beneficiary. The board may set standards and procedures for providing notice to employee-beneficiaries under this rule. The notice shall at a minimum specify how the employee-beneficiary has failed to comply with the Fund's rules, and a date by which the employee-beneficiary must comply with the Fund's rules in order to avoid cancellation. The effective date of the cancellation shall be the date set forth in the notice as to when the employee-beneficiary must comply with the Fund's rules in order to avoid cancellation.</p>	<p>Same; proposed rule clarifies notification requirements and the effective date of cancellation.</p>
§6-33-20	<p><u>Effective date of cancellation.</u> Cancellation of an employee-beneficiary's enrollment in a health fund benefit plan shall become effective:</p> <p>(1) No earlier than the last day of the month following the date the employee-beneficiary files an enrollment application with his employing agency to request a plan cancellation;</p> <p>(2) On the date the employee-beneficiary was last deemed enrolled by the administrator according to chapter 87, Hawaii Revised Statutes, and chapters 30 through 36; or</p> <p>(3) On the last day of the pay period prior to the date</p>		<p>Included in proposed Rule 6.03 following each event.</p>	

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	<p>the employee-beneficiary changes family size, if both husband and wife are employee-beneficiaries who are enrolled in self only health fund benefit plans and request to change to a family plan enrollment under the name of either one of the spouses.</p> <p>[Eff 1/22/82; am and comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>			
§6-33-21	<p><u>Termination of enrollment.</u> An employee-beneficiary's enrollment shall be terminated when one of the following events occurs:</p> <p>(1) Loss of eligibility because of a change in employment status;</p> <p>(2) Dismissal from service for cause;</p> <p>(3) Employment suspension, if the suspension period is more than thirty-one days;</p> <p>(4) Remarriage of the surviving spouse of a deceased retired member of a state or county retirement system or the surviving spouse of an employee who was killed in the performance of duty; or</p>	6.04	<p>Termination of Enrollment; Effective Dates of Termination</p> <p>(a) <u>Termination Due to Change in Employment Status.</u> An employee-beneficiary's enrollment in all benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be terminated upon the employee-beneficiary's loss of eligibility to participate in such plans due to a change in employment status. The effective date of the termination shall be the last day of the pay period in which the change in employment status occurred.</p> <p>(b) <u>Termination Due to Employment Suspension.</u> An employee-beneficiary's enrollment in all benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be terminated when the employee-beneficiary is suspended from employment with the State or county for more than thirty-one days. The effective date of the termination shall be the thirty-first day of the suspension.</p> <p>(c) <u>Termination Due to Surviving Spouse's Remarriage.</u> A surviving spouse's enrollment in all benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment shall be</p>	<p>Same.</p> <p>Same.</p> <p>Same.</p>

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	<p>(5) When an unmarried child who qualifies as an employee-beneficiary attains the age of nineteen, marries, or enters active military service. [Eff. 1/22/82; am and comp 7/5/96; am 4/18/97] (Auth: HRS §§87-30) (Imp: HRS §§87-26, 87-29, 87-30)</p>		<p>terminated upon the spouse's remarriage. The date of the termination shall be the date of the remarriage.</p> <p>(d) <u>Termination Due to Child's Loss Of Eligibility.</u> A child's enrollment in all benefit plans offered or sponsored by the Fund shall be terminated upon the occurrence of any of the following events:</p> <p>(1) The child marries;</p> <p>(2) The child enters active military duty;</p> <p>(3) The child reaches the age of nineteen and is not a full-time student in an accredited college or university;</p> <p>(4) The child is between the ages of nineteen and twenty-five and ceases to be a full-time student in an accredited college or university; or</p> <p>(5) The child reaches the age of twenty-five.</p> <p>Unless provided otherwise by these rules or applicable federal or state law, the effective date of the termination shall be the date of the event.</p> <p>(e) <u>Termination Due to Filing of Fraudulent Claims.</u> An employee-beneficiary's enrollment in all of the benefits plans offered or sponsored by the Fund and all coverages for dependent-beneficiaries under that enrollment may be terminated if the employee-beneficiary files fraudulent claims for benefits with the Fund. A dependent-beneficiary's coverage in all of the benefits plans offered or sponsored by the Fund may be terminated if the dependent-beneficiary files fraudulent claims for benefits with the Fund. The effective date of the termination shall be the date that the Fund determines that the employee-beneficiary or dependent-beneficiary, as applicable, has filed fraudulent claims with the Fund.</p> <p>(f) <u>Notice to the Fund; Recovery of Benefits.</u> If an event occurs that terminates a person's enrollment under Rule 6.04 or that otherwise makes a person ineligible for</p>	<p>Same.</p> <p>New.</p> <p>New.</p>

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			continued enrollment or coverage in the benefits plans offered or sponsored by the Fund, that person shall notify the Fund of the event as soon as reasonably practicable. All such notices shall be in writing and shall be sent to the Fund. The Fund shall be entitled to seek recovery of any benefits that were provided to any person after an event that terminated the person's enrollment under Rule 6.04 or that otherwise made that person ineligible for continued enrollment in or coverage by the benefits plans offered or sponsored by the Fund. In seeking to recover benefits under this rule, the Fund shall have the rights of offset and set-off, including without limitation, the right to recover amounts from and out of any and all future benefits payable to the person whose enrollment was terminated or who otherwise ceased to be eligible for continued enrollment or coverage in the Fund's benefits plans.	
§6-33-22	Effective date of termination. An employee-beneficiary's enrollment termination shall become effective as follows: (1) On the last day of the pay period if enrolled in a health fund benefit plan which requires the employee-beneficiary to pay a monthly contribution; or (2) On the last day of the month if the employee-beneficiary is enrolled in a health fund benefit plan in which his or her employing agency pays the entire monthly contributions. [Eff 1/22/82; comp 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-26, 87-29, 87-30)		Included in Rule 6.04.	
	CHAPTER 34 HEALTH BENEFITS PLANS			
§6-34-1	Persons eligible for coverage. (a) All employee-beneficiaries and their dependent-beneficiaries are eligible for coverage in the following health benefit plans: (1) Medical plan, (2) Vision care plan, and			Normally included in the summary plan document.

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	(3) Prescription drug plan. (b) All employee-beneficiaries and their spouses are eligible for coverage in the adult dental plan. Eff. 1/22/82; am 5/12/90; am 9/17/93] (Auth: HRS §87-30) (Imp: HRS §§87-22, 87-26)			
§6-34-2	Types of enrollment. (a) An eligible employee-beneficiary may enroll in either one of the following health benefit plans: (1) Regular plan: (A) Self only coverage; or (B) Family coverage to include all dependent-beneficiaries. For the adult dental plan, a family enrollment shall provide dental coverage only to the employee-beneficiary and spouse; or (2) Medicare supplemental plan: (A) Self only coverage if the employee-beneficiary is enrolled in part A or B of the federal Medicare plan; or (B) Family coverage if the employee-beneficiary or a dependent-beneficiary is enrolled in part A or B of the federal Medicare plan. Under this enrollment, regular plan benefits are provided to persons who are not covered by the federal Medicare plan. (b) If both husband and wife are employee-beneficiaries, they may select self only enrollments or either spouse may select a family enrollment to cover a husband or wife and any unmarried child under the age of nineteen; but in that event, only one spouse may enroll for coverage. [Eff. 1/22/82; am 5/12/90] (Auth: HRS §87-30) (Imp: HRS §§87-22, 87-26, 87-27)			Normally included in the summary plan document.
§6-34-3.5	Employer's monthly contribution. Whenever the employer's monthly contribution to the Hawaii public employees health fund is less than one hundred percent			Currently included in collective bargaining agreements; unnecessary as a rule.

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>(100%) of the monthly premium amount, such monthly contribution shall be rounded to the nearest cent as provided below:</p> <p>(1) When rounding to the nearest cent results in an even amount, such even amount shall be the employer's monthly contribution. For example: (A) \$11.397 = \$11.40 = \$11.40 (employer's monthly contribution). (B) \$11.382 = \$11.38 = \$11.38 (employer's monthly contribution).</p> <p>(2) When rounding to the nearest cent results in an odd amount, round down to the next even amount, and such even amount shall be the employer's monthly contribution. For example: (A) \$11.392 = \$11.39 = \$11.38 (employer's monthly contribution). (B) \$11.386 = \$11.39 = \$11.38 (employer's monthly contribution).</p> <p>[Eff. 4/18/97] (Auth: HRS §87-30) (Imp: HRS §§87-4.5, 87-4.6, 87-6)</p>			
§6-34-4	<p>Unmarried children who are employee-beneficiaries. For the purpose of providing health benefits to unmarried children under age 19 who are employee-beneficiaries, the youngest child shall be designated as the employee-beneficiary and other brothers and sisters shall be classified as dependent-beneficiaries. Such persons shall be covered in family enrollment of a medical plan carrier or in a self only enrollment if there is only one unmarried child. [Eff. 1/22/82; am 5/12/90] (Auth: HRS §87-30) (Imp: HRS §§87-1, 87-4, 87-26)</p>			Covered under proposed Rule 5.03(d).
§6-34-5	<p>Loss of eligibility. A dependent-beneficiary shall lose eligibility to receive health benefits on the last day of the month in which:</p> <p>(1) A wife or husband is granted a divorce or annulment of marriage;</p>			Covered by eligibility rule and normally included in the summary plan document.

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	<p>(2) A child under nineteen marries, attains the age of nineteen, or enters active military service;</p> <p>(3) A disabled child over nineteen marries or becomes capable of self-support; or</p> <p>(4) The employee-beneficiary who provides the covering enrollment becomes ineligible for such enrollment.</p> <p>[Eff. 1/22/82; am 5/12/90; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26, 87-29, 87-30)</p>			
§6-34-6	<p>Disabled children reaching age nineteen. Persons who are incapable of self-support because of physical or mental disability existing before their nineteenth birthday may be enrolled as a dependent-beneficiary for a duration of their disability provided a certificate acceptable to the board is submitted to the administrator for review and approval. The certificate may have to be renewed periodically if such disability is not considered permanent. The administrator shall cancel the dependent-beneficiary's enrollment if the certificate is not renewed within a reasonable time after the administrator's request.</p> <p>[Eff. 1/22/82; am 3/7/88] (Auth: HRS §87-30) (Imp: HRS §§87-1, 87-26)</p>			Covered by eligibility rule and normally included in the summary plan document.
§6-34-8	<p>Reimbursement of medicare premiums. (a) If a retired member or spouse is enrolled in part B of the federal medicare plan and in the health fund's medicare supplemental plan, the health fund shall reimburse their premiums exclusive of medicare penalties in an amount as specified and on a basis as determined by the board only if they pay their part B basic premiums to the Social Security Administration.</p> <p>(b) The health fund shall deny the reimbursement of medicare premium to persons who are receiving such payment assistance from private, public, or governmental organizations. Upon receipt of official notification that the</p>			Unnecessary as a rule; the use of Medicare part B employer contributions is a Trust decision.

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	person is no longer receiving payment assistance and is personally paying the medicare part B basic premium to the Social Security Administration, the health fund will reimburse the employee-beneficiary for the medicare premium. [Eff. 1/22/82; am 8/29/83; am 5/12/90; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §87-27)			
§6-34-9	Employee organization. To participate in the health fund health benefits plan, each employee organization that has a health benefits plan shall apply for board approval by submitting to the board a copy of its charter and by-laws and a letter in which the employee organization: (1) Identifies the name and address of the person who is authorized to represent the employee organization; (2) Certifies that its health benefits plan complies with all applicable State laws; and (3) Agrees that its health benefits plan complies and will continue to comply with the following requirements: (A) Maintain reasonable accounting and enrollment records and furnish such records and reports as may be requested by the board, its administrator, or the state comptroller; (B) Permit representatives of the board and state comptroller to audit and examine its records that pertain to its health benefits plan at reasonable times and places as may be designated by the board or the state comptroller; and (C) Accept adjustments for error or other reasons as may be required under chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 of title 6, administrative rules. [Eff. 7/29/85] (Auth: HRS §87-30) (Imp: HRS §87-22.3)			Unnecessary.

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	CHAPTER 35 CHILDREN'S DENTAL PLAN			
§6-35-1	<u>Persons eligible for coverage.</u> Only the unmarried children of an employee-beneficiary who are under the age of nineteen are eligible for coverage in the children's dental plan. The plan and the contract do not provide benefits to unmarried children who are disabled and have reached their nineteenth birthday. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-4, 87-25)			The child dental plan is integrated into a single dental plan under Chapter 87A, HRS.
§6-35-3	<u>Unmarried children who are employee-beneficiaries.</u> Unmarried children who are under the age of nineteen who are employee-beneficiaries shall be eligible to receive benefits under the dental plan. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-1, 87-4, 87-25)			Covered by eligibility rule and normally included in the summary plan document.
§6-35-4	<u>Loss of eligibility.</u> A child shall lose eligibility to receive children's dental plan benefits on the last day of the month in which the following events occur: (1) Marriage; or (2) Attains age nineteen; or (3) Enters active military service; or (4) When employee-beneficiary who provides the covering enrollment becomes ineligible for such enrollment. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-25)			Covered by eligibility rule and normally included in the summary plan document.
§6-35-5	<u>Employee organization.</u> To participate in the health fund dental plan, each employee organization that has a dental plan shall apply for board approval by submitting to the board a copy of its charter and by-laws and a letter in which the employee organization: (1) Identifies the name and address of the person who is authorized to represent the employee organization; (2) Certifies that its dental plan complies with all applicable State laws; and			Unnecessary.

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>(3) Agrees that its dental plan complies and will continue to comply with the following requirements:</p> <p>(A) Maintain reasonable accounting and enrollment records and furnish such records and reports as may be requested by the board, its administrator, or the State comptroller;</p> <p>(B) Permit representatives of the board and State comptroller to audit and examine its records that pertain to its dental plan at reasonable times and places as may be designated by the board or the State comptroller; and</p> <p>(C) Accept adjustments for error or other reasons as may be required under chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 of title 6, administrative rules.</p> <p>[Eff. 1/22/82; am 7/29/85; am 3/7/88] (Auth: HRS §87-30) (Imp: HRS §87-22.5)</p>			
	CHAPTER 36 GROUP LIFE INSURANCE PLAN			
§6-36-1	<p><u>Persons eligible for coverage.</u> Only employees as defined in chapter 87, Hawaii Revised Statutes, are eligible for coverage in the group life insurance plan.</p> <p>[Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-23, 87-25)</p>			Normally included in the summary plan document.
§6-36-3	<p><u>Insurance certificate.</u> Each employee enrolled in the health fund life insurance plan shall be issued a certificate of group life insurance which summarizes the terms of coverage as stated in the master contract between the insurance carrier and the health fund.</p> <p>[Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-26)</p>			Normally included in the summary plan document.
§6-36-4	<p><u>Loss of eligibility.</u> An employee shall lose eligibility to receive life insurance plan benefits on the last day of the month in which:</p> <p>(1) He or she becomes ineligible for such enrollment</p>			Normally included in the summary plan document.

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	under chapters 30 through 36 of title 6, administrative rules; or (2) An employee organization life insurance plan cancels the employee's enrollment for non-payment of premiums or other reasons. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §87-26)			
§6-36-5	Beneficiary designation and release of information. An employee who is enrolled in the health fund life insurance plan shall designate a beneficiary or change the name of a designated beneficiary at any time by filing a beneficiary designation form identifying the person or persons. The beneficiary designation form shall be prescribed by the board. Information concerning an employee's beneficiary designation shall be made available only to that employee by the administrator in person or upon the employee's written request to the administrator. [Eff. 1/22/82; am 7/5/96] (Auth: HRS §87-30) (Imp: HRS §§87-29, 87-30)			Normally included in the summary plan document.
§6-36-6	Temporary extension of coverage and conversion privilege. Subject to chapters 30 through 36 of title 6, administrative rules, and the contract governing each plan, an employee who is enrolled in the health fund life insurance plan at the time the employee's employment is terminated shall be provided with continuous insurance coverage at no additional cost through the last day of the month of employment. Conversion rights under the health fund life insurance plan master contract shall not be available to persons who voluntarily cancel their enrollments in the health fund life insurance plan. [Eff. 1/22/82] (Auth: HRS §87-30) (Imp: HRS §§87-25, 87-26)			Normally included in the summary plan document.
§6-36-7	Employee organization. To participate in the health fund life insurance plan, each employee organization that has a			Unnecessary.

Section	PEHF Administrative Rules	Rule	EUTF Proposed Rules	COMMENTS
	<p>life insurance plan shall apply for board approval by submitting to the board a copy of its charter and by-laws and a letter in which the employee organization:</p> <ul style="list-style-type: none">(1) Identifies the name and address of the person who is authorized to represent the employee organization;(2) Certifies that its life insurance plan complies with all applicable State laws; and(3) Agrees that its life insurance plan complies and will continue to comply with the following requirements:<ul style="list-style-type: none">(A) Maintain reasonable accounting and enrollment records and furnish such records and reports as may be requested by the board, its administrator, or the State comptroller;(B) Permit representatives of the board and State comptroller to audit and examine its records that pertain to its life insurance plan at reasonable times and places as may be designated by the board or the State comptroller; and(C) Accept adjustments for error or other reasons as may be required under chapter 87, Hawaii Revised Statutes, and chapters 30 through 36 of title 6, administrative rules. <p>[Eff. 1/22/82; am 7/29/85; am 3/7/88] (Auth: HRS §87-30) (Imp: HRS §87-23)</p>			